

**California Resident
Income Tax Return 2007****540** C1 Side 1P
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RP

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (see page 3)
	2 <input type="checkbox"/> Married/RDP filing jointly. (see page 3)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died. _____
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____ If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>	
	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 9) <input type="checkbox"/>	6 <input type="checkbox"/>
Exemptions	7 Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, do not enter amount on line 7. _____	7 <input type="checkbox"/> X \$94 = \$ _____
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. _____	8 <input type="checkbox"/> X \$94 = \$ _____
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. _____	9 <input type="checkbox"/> X \$94 = \$ _____
	10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. _____ Total dependent exemptions. <input type="checkbox"/> 10 <input type="checkbox"/> X \$294 = \$ _____	10 <input type="checkbox"/> X \$294 = \$ _____
	11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. _____	11 _____
Taxable Income	12 State wages from your Form(s) W-2, box 16 or CA Sch W-2 CG, line C. _____	12 _____
	13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. _____	13 _____
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. _____	14 _____
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 11). _____	15 _____
	16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. _____	16 _____
	17 California adjusted gross income. Combine line 15 and line 16. _____	17 _____
	18 Enter the larger of your CA standard deduction OR your CA itemized deductions . _____	18 _____
	19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- _____	19 _____
Tax	20 Tax. Check box if from: <input type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803. _____	20 <input checked="" type="radio"/>
	21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$155,416 (see page 13). _____	21 _____
	22 Subtract line 21 from line 20. If less than zero, enter -0- _____	22 _____
	23 Tax. (see page 13) Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A. _____	23 <input checked="" type="radio"/>
	24 Add line 22 and line 23. Continue to Side 2. _____	24 _____

Your name: _____ Your SSN or ITIN: _____

Amount from Side 1, line 24 _____

Special Credits	25	Credit _____	Code _____	amount _____	▶ 25	_____
	26	Credit _____	Code _____	amount _____	▶ 26	_____
	27	To claim more than two credits (see page 14) _____			● 27	_____
	28	Nonrefundable renter's credit (see page 14) _____			● 28	_____
	29	Add line 25 through line 28. These are your total credits _____				29 _____
30	Subtract line 29 from line 24. If less than zero, enter -0- _____					30 _____

Other Taxes	31	Alternative minimum tax. Attach Schedule P (540) _____	● 31	_____
	32	Mental Health Services Tax (see page 15) _____	● 32	_____
	33	Other taxes and credit recapture (see page 15) _____	● 33	_____
	34	Add line 30, line 31, line 32, and line 33. This is your total tax _____	● 34	_____

Payments	36	California income tax withheld (see page 15) _____	● 36	_____				
	37	2007 CA estimated tax and other payments (see page 15) _____	● 37	_____				
	38	Real estate withholding. (Form(s) 592-B, 593-B, and 594) (see page 15) _____	● 38	_____				
	39	Excess SDI (see page 15) _____	● 39	_____				
	Child and Dependent Care Expenses Credit (see page 16). Attach form FTB 3506.							
40	_____	41	_____	42	_____	43	_____	
44	Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see page 16) _____						44	_____

Overpaid Tax/ Tax Due	45	Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44 _____	45	_____
	46	Amount of line 45 applied to 2008 estimated tax _____	● 46	_____
	47	Overpaid tax available this year. Subtract line 46 from line 45 _____	● 47	_____
	48	Tax due. If line 44 is less than line 34, subtract line 44 from line 34 _____	48	_____

49	Use Tax. This is not a total line (see page 16) _____	● 49	_____	00
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Contributions	CA Seniors Special Fund (see page 60) _____	● 50	_____	00	CA Firefighters' Memorial Fund _____	● 56	_____	00
	Alzheimer's Disease/Related Disorders Fund _____	● 51	_____	00	Emergency Food Assistance Program _____	● 57	_____	00
	CA Fund for Senior Citizens _____	● 52	_____	00	CA Peace Officer Memorial Foundation Fund _____	● 58	_____	00
	Rare and Endangered Species Preservation Program _____	● 53	_____	00	CA Military Family Relief Fund _____	● 59	_____	00
	State Children's Trust Fund for the Prevention of Child Abuse _____	● 54	_____	00	CA Sea Otter Fund _____	● 60	_____	00
	CA Breast Cancer Research Fund _____	● 55	_____	00				
	61	Add line 50 through line 60. These are your total contributions _____	● 61	_____	00			

Amount You Owe	62	AMOUNT YOU OWE. Add line 48, line 49, and line 61 (see page 17). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 _____		● 62	_____
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Interest and Penalties	63	Interest, late return penalties, and late payment penalties _____	63	_____
	64	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached _____	● 64	_____
	65	Total amount due (see page 18). Enclose, but do not staple, any payment _____	65	_____

Refund and Direct Deposit	66	REFUND OR NO AMOUNT DUE. Subtract line 49 and line 61 from line 47 (see page 19). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 _____	● 66	_____
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Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 19).

Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 66) is authorized for direct deposit into the account shown below.

<input type="checkbox"/> Checking _____			
<input type="checkbox"/> Savings _____			
● Routing number _____	● Type _____	● Account number _____	● 67 Direct deposit amount _____

The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking _____			
<input type="checkbox"/> Savings _____			
● Routing number _____	● Type _____	● Account number _____	● 68 Direct deposit amount _____

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Spouse's/RDP's signature (if a joint return, both must sign) _____

It is unlawful to forge a spouse's/RDP's signature. Daytime phone number (optional) (_____) _____ Date _____

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)** _____

Joint return? (see page 19) Firm's name (or yours, if self-employed) _____ Firm's address _____

● Paid preparer's SSN/PTIN _____

● FEIN _____